

**Commission on Services to the Aging (CSA)
Michigan Department of Health and Human Services (MDHHS)
Aging & Adult Services Agency (AASA) Virtual Meeting
Friday, June 18, 2021**

Meeting MINUTES

CALL TO ORDER

The meeting of the Commission on Services to the Aging was called to order at 9:04 a.m. by Commission Chair Wishart.

ROLL CALL

The commission roll call was taken, and a quorum was present.

COMMISSION MEMBERS PRESENT

Dona Wishart, Mark Bomberg, William Bupp, Georgia Crawford-Cambell, Nancy Duncan, Walid Gammouh, Marshall Greenhut, Peter Lichtenberg, Guillermo Lopez, Tene Milton-Ramsey, Michael Pohnl, Bob Schlueter, Linda Strohl, and Kristie Zamora.

COMMISSIONER EXCUSED

Kathleen LaTosch

AASA STAFF PRESENT

Presenters/Facilitators: Brenda Ross, Scott Wamsley, Jen Hunt, Kelly Cooper, Cindy Masterson, Kristina Leonardi, and Laura McMurtry.

Attendees: Ryan Connelly, Ashley Ellsworth, Amy Hall, Sophia Hines, Jordan Incorvaia, Dawn Jacobs, Tari Muniz, Jennifer Onwenu, Becky Payne, and Sally Steiner.

APPROVAL OF AGENDA

Commission Chair Wishart requested a motion to approve the CSA agenda, with Cindy Masterson replacing Scott Wamsley as presenter under **Financial Updates**.

A motion was made by Commissioner Duncan and Commissioner Greenhut seconded the motion. The agenda, as amended, was approved by voice vote.

APPROVAL OF CSA MEETING MINUTES

Commission Chair Wishart requested a motion to approve the May 21, 2021, CSA meeting minutes without amendments.

A motion was made by Commissioner Schlueter and Commissioner Crawford-Cambell seconded the motion. The minutes were approved by voice vote.

COMMISSION CHAIR OPENING REMARKS

Commissioner Wishart welcomed all to the virtual meeting offering thanks to commissioners for the gifts of their time and talents. She offered the following comments.

- Although Director Hertel was unable to attend today due to scheduling conflicts, we are reaching out to identify a meeting she will be able to attend soon.
- We look forward to hearing about SAC applicants and reapplicants as well as updates to the SAC bylaws later in the meeting. A special thanks to SAC Chair Commissioner Zamora and the review committee for their work on these items.
- The SAC Annual Report has been approved and is currently being distributed. It was also highlighted at the Area Agency on Aging Association of Michigan (4AM) conference this week. A special thank you to 4AM and their associates for a very successful virtual conference, "Stronger Together". There were many special presenters including Dr. Alexis Travis, Commissioner Peter Lichtenberg, and several network partners as well as many of our own SAC members.
- Currently, we have special permission for a virtual meeting in July. Some epidemic orders are being changed and will go into effect on Tuesday, June 22, 2021. We will be sure to keep you updated if these orders were to change our ability to meet virtually in July.
- July is the month we will see some commissioners' terms coming to an end and we will see appointments and possible reappointments to the CSA. There will be special committee appointments announced at the July meeting as well.
- Special recognition was offered to Commissioner Peter Lichtenberg whose term will be ending in 2021. Due to other commitments, he did not seek reappointment to the CSA. Because of the special work he is doing in July, this will be the final CSA meeting he attends. On behalf of the entire CSA--both current commissioners and those who have served with him over time--and the AASA staff, Commissioner Wishart offered thanks and celebration of all his expertise given to the commission, partner agencies, and people across the state of Michigan. A plaque honoring his service was presented virtually and read aloud. She thanked him for the opportunity to work with him as a friend and a colleague and wished him great success.
- We look forward to a presentation on brain health by members of the Alzheimer's Association, Michigan Chapter. Commissioner Nancy Duncan will also share a story of her personal experience with Alzheimer's and her time as a family caregiver.
- Commissioner Lichtenberg will also be giving a presentation on elder abuse and financial exploitation.

STATE ADVISORY COUNCIL ON AGING (SAC) UPDATE

Commissioner Kristie Zamora, SAC Chairperson, provided an update on the work of the council.

- Council met on May 27, 2021, for a virtual meeting. AASA leadership shared reports and the four workgroups provided updates on research for the Aging in Place report. Angie Perone, SAGE Metro Detroit Executive Director, provided a presentation on aging in place for the LGBTQ+ older adults.
- The CSA/SAC Application/Bylaw Committee met and has recommended appointments, reappointments, and amendments to the bylaws, all of which will be discussed during the Business Items portion of the meeting.
- The SAC presented the newly published report, Social Isolation with a Focus on

Equity, at the 4AM virtual conference entitled, “Stronger Together”. Presenters were SAC Chair Zamora and co-vice chairs Audra Frye and Margorie Hobe, and SAC members Pat Rencher, Joseph Sowmick, Adam Burke, and Elizabeth Thompson. Many positive comments were offered by attendees.

- The next virtual SAC meeting will be held July 22, 2021. All commissioners are welcome to attend, and they would like one commissioner to join as a guest speaker to share the work of the commission.

CSA ADVOCACY COMMITTEE UPDATE

Commissioner Duncan, Advocacy Committee Chair, provided an update on the work of the committee.

- Since the last CSA meeting, no formal public action has been taken on the state budget. Revenue estimating conferences have taken place, and those numbers will be used when developing the budget. The legislature and the administration will use the numbers for ‘target setting’ - assigning spending targets to the major budgets. Conference Committees will then meet to discuss differences and develop budgets.
- Both the House and Senate are supporting the waiver program. The Senate included funding for increase to direct care worker wages. The House has a \$100 placeholder for the wages. Due to the realization of increased state funds available, it is possible the increase will now be included by the House.
- Neither House nor Senate has included the requested funds for wait lists for AAA services. It is still possible they could be included, but not likely.
- Concerning the issue of quarterly allotments of appropriated money, the CSA-approved the Advocacy Committee’s development of a letter to the legislature at the May meeting. By the time the committee met to develop the letter, the legislature has rescinded their position and agreed to annual funding. Therefore, a letter was not needed, but the committee is watching for any changes.
- Still working on learning more about the balancing of funding between long-term care and in-home and community care services. The committee had a learning session with the Chief Operating Officer from Region 4 and will continue to hear from other experts in this area. They will then take the information and potentially bring recommendations to the CSA regarding augmenting funding for services.
- Watching guardianship bills introduced in both the House and Senate with bipartisan support.
- There is the potential of support for broadband services for seniors and the committee will monitor where advocacy efforts could help.
- Watching some federal bills regarding Alzheimer’s and home and community-based services.

AGING AND ADULT SERVICES SENIOR DEPUTY DIRECTOR REPORT

Scott Wamsley provided the following updates:

- Reviewing most recent MDHHS epidemic orders to determine their effect on state government operations as well as programs funded across the state. Looking to see what adjustments need to be made to aging network guidance

regarding service delivery.

- Also reviewing the Open Meetings Act and how the changes will affect our meeting virtually vs “in person”.
- COVID-19 vaccination updates:
 - 80.2 percent of adults 65-74 in Michigan have received their first dose.
 - 77.4 percent of adults 75 and older in Michigan have received their first dose.
 - 60.8 percent of the total Michigan population have received their first dose.
- While in transition, AASA continues to follow the set of prescribed activities under the Older Americans Act and the Older Michiganians Act. “Business as usual” continues, supporting the aging network across the state. As news about the transition of leadership within AASA unfolds, the Commission will be informed.
- Preparing to return to working in the office, under a hybrid model, on July 12. Working with the MDHHS and the Office of State Employer to support both in-office and remote work to ensure staff can continue to provide excellent service to the network.
- House Bill No. 4235, the background check extension bill, has been signed by the Governor. Operating Standards for service providers will reflect the policy in this legislation.
- AASA staff has completed four of the six sessions on “Advancing Equity through Systems Change”. The trainings will begin for CSA members as well as the network in the coming months.
- AASA is engaged in the broad strategy around the Direct Care Worker Registry. The first phase of the effort to secure financial approval for technology has been completed. The next phase to develop the IT and work with the network partners, will take place over the next several weeks.
- Virtual Senior Center project is moving through the approval process, with a target of late summer for the rollout of virtual services.
- National Core Indicators Aging and Disability project (NCI-AD) pilot has been completed. This included face-to-face surveys in the network, that were paused due to the pandemic and replaced with telephone and video surveys. The second phase of the project will be statewide telephone survey (800 participants) that includes community-based programs, nutrition programs, and in-home services programs.
- Food Bank Council of Michigan (FBCM), in partnership with MDHHS, recently received a Feeding America Boundless Collaborations grant to support a statewide grocery delivery program for older adults facing food insecurity. The FBCM applied for the program with MDHHS and three regional food banks. The grant initiates a feasibility study and project model which sets the path for statewide implementation.
- Staff are busy working on audits.
 - State Long Term Care Ombudsman general audit
 - Area Agency on Aging oversight audit
- AASA recently added two new staff to the team.
 - Marla Price, starting on July 28, 2021, as the Health Promotion and Active

Aging Nutrition Specialist. She is a Registered Dietitian and a Certified Diabetes Care and Education Specialist. She brings 25 years of professional experience, nearly 20 of which have been in the nutrition, health, and wellness field. Marla's early career specialized in community nutrition, weight management, and clinical bariatrics. The past 7 years she has served as a Nutrition Specialist at Memorial Healthcare's Community Wellness, Nutrition and Diabetes Center, educating and Counseling patients (mainly Seniors) manage their chronic disease states, And connecting them with community programs to provide ongoing support for improved outcomes and increased quality of life.

- Kayla Smith, starting on July 12, 2021, as the Health Promotion and Active Aging Health Promotion and Wellness Coordinator. Kayla has served in a wide range of health and wellness positions during her career stemming from a foundation based at Grand Valley State University where she earned a BA in Clinical Exercise Science. She has 7+ years of experience working with the aging and older adult population and is excited to continue to serve those individuals.

LEGISLATIVE, COMMUNICATIONS, AND AASA PUBLIC AFFAIRS UPDATES

Jen Hunt, AASA State Assistant Administrator provided legislative and communication updates. Her presentation is included with the minutes.

FINANCIAL UPDATES

Cindy Masterson, AASA Operations and Aging Network Support Division Director, provided updates and a spreadsheet with budget information is included with the minutes.

BUSINESS ITEMS

a. Request for Approval of Program Year 2021-2022 Senior Community Service Employment Program (SCSEP) Allocations

Laura McMurtry, SCSEP Program Manager, provided an overview stating the SCSEP is authorized, under Title V of the Older Americans Act, to provide part-time employment and training opportunities for low-income adults, 55 years and older, at community service agencies. The U.S. Department of Labor is proposing a 2nd quarter employment target of 36.9 percent. A chart indicating the award allocations was provided to Commissioners.

A motion was made by Commissioner Schlueter to approve the Request for Approval of Program Year 2021-2022 Senior Community Service Employment Program (SCSEP) Allocations. Commissioner Bomberg seconded the motion.

Additional discussion followed and the motion was approved by roll call vote 14-0-0.

b. Request for Approval of the State Advisory Council on Aging (SAC) Appointment and Reappointments

Commissioner Kristie Zamora, SAC Chair, provided an overview stating the CSA/SAC Applicant Review/Bylaws Committee comprised of Commissioners

Georgia Crawford-Cambell, Linda Strohl, and herself, along with Commission Chair Dona Wishart, met to review applications. Their process was thorough and resulted in the recommendation of appointing five outstanding individuals for appointment.

- Sandy L. Falk-Michaels
- Angel Angel
- Elizabeth A. Lester-Miles
- Kenneth D. Mahoney
- Ann M. Randolph

The committee further recommended three outstanding individuals for reappointment.

- Angela K. Perone
- Glenn M. Clemence
- Patricia A. Rencher

A motion was made by Commissioner Lichtenberg to approve the State Advisory Council on Aging appointments and reappointments. Commissioner Bupp seconded the motion.

The motion was approved by roll call vote 14-0-0.

c. Request for Approval of the State Advisory Council on Aging (SAC) Bylaws

Commissioner Kristie Zamora, SAC Chair, provided an overview stating every three years the CSA is required to review the SAC bylaws. The CSA/SAC Applicant Review/Bylaw Committee, along with Commission Chair Wishart, met on June 10, 2021, to review and discuss the bylaws. The committee recommends several edits, which were explained by Commissioner Zamora, and provided to all commissioners.

A motion was made by Commissioner Gammouh to approve the State Advisory Council on Aging Bylaws. Commissioner Duncan seconded the motion.

The motion was approved by roll call vote 14-0-0.

d. Request for Approval of Fiscal Year 2021 United States Department of Agriculture Senior Farmers Market Nutrition Program (SFMNP) Funding

Kristina Leonardi, Health Promotion and Policy Management Division Director provided an overview stating each lead agency received 150-\$20 books for distribution. Fiscal Year 2020 unredeemed local coupon funds were returned to the county of origin in the form of coupon books. Counties may purchase additional books which will be distributed through a third allocation based on need.

A motion was made by Commissioner Bupp to approve the Request for Approval of Fiscal Year 2021 United States Department of Agriculture Senior Farmers Market Nutrition Program funding. Commissioner Milton-Ramsey seconded the motion.

The motion was approved by roll call vote 13-0-1, with Commissioner Wishart abstaining.

INFORMATIONAL ITEMS

a. Alzheimer's and Brain Awareness Month

Melanie Baird, V.P. of Programs and Colin Ford, Public Policy Director with the Alzheimer's Association Michigan Chapter, provided a presentation on the association and their advocacy efforts in Michigan. Their presentation is included with the minutes. Commissioner Nancy Duncan also shared her personal story of caring for a loved one with Frontal Temporal Dementia. Information from her presentation is included with the minutes.

b. Elder Abuse and Financial Exploitation

Commissioner Peter Lichtenberg presented information on this topic. His presentation is included with the minutes.

ANNOUNCEMENTS

The next *virtual* Commission on Services to the Aging meeting is scheduled for 9:00 a.m. on Friday July 16, 2021, with a Public Hearing following at 1:00 p.m.

Please note, these meeting are open to the public and anyone wishing to attend may do so. Those needing technical assistance should contact Brenda Ross at rossb11@michigan.gov at leave five business days prior to the meeting date.

ADJOURN

Commission Chair Wishart adjourned the meeting at 12:26 p.m.

HB 4325 – Criminal Background Check bill

- Governor Whitmer signed on June 15
- *"I'm pleased state government was able to come together for the protection of vulnerable people in our state," said Rep. Matt Hall, R - Marshall, who sponsored House Bill 4325. "The overwhelming support for this legislation in both the House and Senate and the quick action to sign it into law underscores the importance of this issue. People and their families depend on services provided through local AASA agencies and they depend on those services to be reliable and safe. With standardized background checks and needed uniformity, we are working to ensure elderly people are not put in an environment with potentially dangerous individuals."*
- Immediate effect

Guardianship & conservatorship bills

- HB 4847
- HB 4848
- HB 4849
- HB 4850
- SB 503
- SB 504
- SB 505
- SB 506

- ☐ 3. Require the court to make findings of fact if a person with priority for appointment, such as a family member, is passed over in favor of a party with lower priority.
- ☐ 4. Require certification of guardians and conservators (including requirements for minimum training and professional standards) and increase guardians' visitation requirement from once every three months to monthly.
- ☐ 5. Refine the process for emergency petitions for guardianship/ conservatorship to promote individuals' due process rights and ensure that guardians are only appointed when no less restrictive alternative exists.
- ☐ 6. Clarify and expand the guardian ad litem's responsibilities to ensure the individual appointed by the court to provide information – both to the alleged incapacitated person about the legal proceedings and to the court about the individual's circumstances and wishes – spends adequate time meeting privately with the vulnerable adult, and provides the court with a standardized, thorough, and objective report.

- ☐ 7. Improve protections for wards when professional guardians seek to remove them from their homes, including requiring prior consultation with the wards when possible, and consideration of supports and services that would allow the wards to remain in their current residences. Require professional guardians in most circumstances to file petitions seeking court authority to move wards. Require courts to appoint guardians ad litem or, where appropriate, counsel for wards and to schedule hearings before authorizing moves to new residences.
- ☐ 8. Establish a clear asset and income threshold above which the appointment of a conservator is required. Require expiration dates for guardian and conservator letters of authority that do not exceed one year and only renew letters of authority if required yearly reports are filed, thus ensuring ongoing transparency and accountability.
- ☐ 9. Improve basic standards for medical reports that are used in guardianship and conservatorship hearings to ensure that these reports are providing the Court with relevant, accurate and complete information related to the individual who is the subject of the hearing as well as the medical or mental health professional who is submitting the report.

Executive Directive 2021- 02

- Bridge the digital divide by establishing the Michigan High-Speed Internet Office (MIHI) to make high-speed internet more affordable and accessible.
- MIHI will be housed inside the Dept. of Labor and Economic Opportunity (LEO).
- MIHI will be responsible for developing the state's high-speed internet strategy and coordinating its funding and implementation. Under the directive, the department will designate a Chief Connectivity Officer to serve as head of the office.
- *"Increased access to the internet can help address issues of isolation among older adults. Studies have shown that isolation is associated with worse health outcomes and even premature death among adults age 50 and over."*

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Communications

- Alzheimer's & Brain Awareness Month
 - Proclamation (Alzheimer's Association)
 - GetSetUp "brain health" series press release
- World Elder Abuse Awareness Day
 - Proclamations (AG's office)
 - Press release (AG's office)

AWARD	DESCRIPTION	STATUS OF FY21 BUDGET
\$ 2,629,735.00	ARP: Grants to Enhance Adult Protective Services	We have submitted an application for a Federal Grant to Enhance Adult Protective Services for approximately \$2.6M. If approved, we will need to request authorization to spend these funds.
\$ 886,836.00	No Wrong Door Grant	We recently received a No Wrong Door Grant for \$886,836 for the period covering April 1, 2021 through September 30, 2022 that focuses on COVID-19 Immunizations. We have submitted a request for spending authorization.
\$ 54,561,973.00	Current Awards	The No Wrong Door Grant now puts us at \$54,561,973 in Federal funding and we are still waiting for \$53,303,678 in authorization. So far only 1/4 of one of our supplemental nutrition grants has been approved to spend \$1,258,295. The legislators only want to appropriate authorization quarterly for this grant. A transfer request was submitted for some of the funding we received early on, but the legislators have not taken any action. We are waiting for a request for authorization to spend the rest of the funding to be sent to the legislators. One way to think of this is we have received \$54.6M in Federal funding that we can spend from our checking accounts, however, the legislators have only authorized us to write checks totaling \$1.3M. We need the legislators to approve us to write more checks up to the full amount of Federal that is available to us.
		We are starting to receive extensions for remaining balances on our CARES and Family First COVID funding. The grants are being extended to September 30, 2022.
		Due to the timing of when Financial Status Reports are submitted, we will not have 3rd quarter expenditures available until the August Commission meeting.
		Transfers are being requested for FY21 for regular Older American's Act funds.
		FY20 carryforwards were just issued to the AAAs

NOA AMOUNT	DESCRIPTION
\$ 5,068,510.00	Nutrition Supplemental Grant
\$ 2,868,691.00	Adult Protective Services
\$ 14,449,412.00	Title III-B - Support services
\$ 9,423,530.00	Title III-C1 Congregate meals
\$ 14,135,294.00	Title III-C2 Home delivered meals
\$ 1,382,118.00	Title III-D - Preventive health services
\$ 4,454,983.00	Title III-E - Family caregivers
\$ 314,118.00	Title VII - Long-term care ombudsman
\$ 1,578,481.00	COVID-19 Vaccines
\$ 886,836.00	No Wrong Door Grant
\$ 54,561,973.00	AUTHORIZATION REQUESTED
\$ 1,258,295.00	AMOUNT APPROPRIATED
\$ 53,303,678.00	AMOUNT STILL NEEDED

STATUS OF FY22 BUDGET DEVELOPMENT
SB537 passed 35-0 yesterday creating a Shell Bill allowing the ability to potentially move the July 1st deadline to September 1st for passing the FY22 budget if the July 1 deadline cannot be met.
-House wants to appropriate our administrative line one quarter at a time. This does not impact our service lines.
-House rejects the DCW increase in the Executive budget
-Senate is proposing to reduce our FTEs from 47 down to 27.6. This is based on a boilerplate report we submitted that shows the number of staff appropriated compared to those on payroll at a specific point in time. This report does not recognize our staff can be charging against other non-Administrative lines so it does not provide an accurate picture of our current FTEs or the positions we are currently filling.
-Senate removed the DCW increase in the Executive budget and replaces it with a \$2.35 per hour increase
-Senate added a \$100 placeholder for a Dementia Care Unit in our Aging and Adult Services line.
-Executive budget includes an increase in Federal authorization for Community Services (\$1.0M) and Nutrition Services (\$3.5M) which was accepted by both the House and the Senate. This is authorization only and we must have Federal revenue/grant funding to use this authorization. You can think of this as we have received checks where we can spend the money, but now we need the money. We anticipate there will be carryforward from FY21 grants that will allow us to use some of this funding.
-Conference committee meetings have not started yet, but we have heard the House, Senate, and State Budget Director may be meeting soon. We will continue to keep you updated as progress is made in developing the FY22 state budget.

The Administration has submitted to Congress the President's Budget for Fiscal Year 2022. We have not seen any detail related to our budget, but will continue to monitor the status of our funding.

Alzheimer's Association Michigan Chapter

**Commission on Service to the Aging
June 18, 2021**

The Impact of Alzheimer's Disease

MORE THAN
6 MILLION
AMERICANS ARE LIVING
WITH ALZHEIMER'S.

SHARE THE FACTS AND JOIN THE FIGHT. #ENDALZ

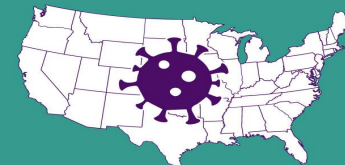
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Alzheimer's
disease is the
leading **cause**
of death in the
United States

IN THE UNITED STATES,

ALZHEIMER'S AND
DEMENCIA DEATHS
HAVE INCREASED 16%
DURING THE
COVID-19 PANDEMIC.



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1 in 3
seniors
dies with
Alzheimer's
or another
dementia

It kills more
than breast
cancer and
prostate
cancer
combined

MORE THAN **11 MILLION**
AMERICANS PROVIDE
UNPAID CARE

FOR PEOPLE WITH
ALZHEIMER'S OR
OTHER DEMENCIAS



alzheimer's association®



IN 2020, DEMENCIA CAREGIVERS PROVIDED
AN ESTIMATED **15.3 BILLION HOURS**
OF UNPAID CARE VALUED
AT NEARLY **\$257 BILLION.**

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In 2020, Alzheimer's and other
dementias will cost the nation
\$305 billion — By 2050, these
costs could rise as high as
\$1.1 trillion

Between 2000 and
2019 deaths from heart
disease have decreased

♥ 7.3%

while deaths from
Alzheimer's disease
have increased

⬆ 145%

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What We Do

Our Vision: A world without Alzheimer's and all other dementia®.

Our Mission: The Alzheimer's Association leads the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.



Care & Support

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@alzmichigan

Helpline

- FREE 24/7 line for people living with Alzheimer's & other dementias, loved ones, caregivers, and general public
- Confidential
- Over 200 languages + TTY



800.272.3900

helplinegmc@alz.org

Programs & Services

- Care Consultation
- Education
- Support Groups
- Social Engagement
- Respite Care Assistance
- Medic Alert With Wandering Support Assistance



Outreach

- Dementia & Disabilities Supportive Services
- HIV Supportive Services
- Diverse Community Outreach
 - Black/African American
 - Latinx
 - Arab American
 - LGBTQ+

Legislative Efforts

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Key Areas of Focus-Federal Level

Research:

- NIH Funding
- BOLD Funding
- Equity in Neuroscience and Alzheimer's Clinical Trials (ENACT) Act (S. 1548/H.R. 3085)

Innovation and Reform:

- Comprehensive Care for Alzheimer's Act(S.1125/H.2417)
- Alzheimer's Caregiver Support Act(S.56/H.2517)

Key Areas of Focus-State Level

- **Goal 1: Increase Public Awareness/Early Detection and Diagnosis**
- **Goal 2: Build a Dementia Capable Workforce**
- **Goal 3: Increase Access To and Quality Of HBCS and Residential Care Settings**

Creating a Dementia Unit

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Our Sections *(Click on a link to view contact information for that Section.)*

Cancer Prevention and Control Section

- Cancer (breast, cervical, colorectal, lung, oral, ovarian, prostate, and skin cancers)
- HPV (Human Papillomavirus) and the HPV vaccine
- Oral health
- Michigan Breast and Cervical Cancer Control Navigation Program (BCCCNP)
- Michigan Colorectal Cancer Early Detection Program (MCRCEDP)
- Michigan WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program

Cardiovascular Health, Nutrition and Physical Activity Section

- Cardiovascular health, including:
 - Blood pressure
 - Cholesterol
 - Heart health
 - Stroke
- Nutrition and physical activity, including:
 - Healthful eating
 - Obesity
 - Physical activity

Diabetes and Other Chronic Diseases Section

- Arthritis
- Asthma
- Diabetes and prediabetes
- Disability health
- Kidney disease

Injury and Violence Prevention Section

- Injury and violence, including:
 - Childhood injury prevention/ Safe Kids program
 - Michigan Sports Concussion Law
 - Sexual violence
 - Suicide

Tobacco Section

- Tobacco, including:
 - Michigan Smoke Free Air Law
 - Quit tobacco resources

[Return to Division home page](#)

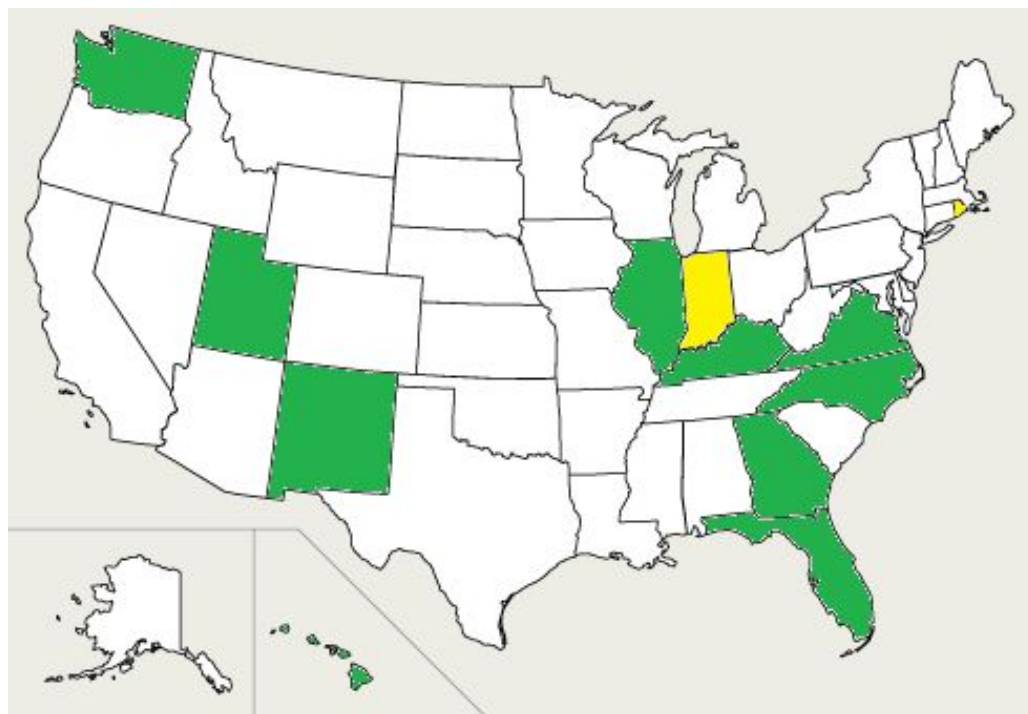
Michigan Government and Dementia

- Medicaid(DHHS)-Sets some policy and makes payments
- AASA(DHHS)-Issues specific to aging, AAA's, oversees services, and some policy
- LARA-Rulemaking for nursing homes and assisted living
- Public Health(DHHS)-Prevention, outreach, and public safety measures

Creating a Dementia Unit

- **Seek funding via the budget process to establish a dementia unit within the Michigan Department of Health and Human Services.**
- **Funding for an individual(s) to create and coordinate state efforts with respect to dementia**

Status in the U.S.



States with a Dementia Services Coordinator position:

Florida
Georgia
Hawaii
Illinois
Kentucky (Passed in 2021)
New Mexico
North Carolina
Utah
Virginia
Washington
Washington, D.C.

Pending legislation:

Indiana
Rhode Island

Talking Points

- Other diseases and public health issues already have dedicated staff.
- Michigan would be the 10th state to establish this sort of position
- Dementia impacts various aspects of state government and requires coordination in order to leverage resources effectively
- Poor track record of accessing grant funding for dementia at the state level.

Expanding Access to Neurology and Geriatrics

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Expanding Access

- **Legislation to expand the Michigan Essential Provider Program to include Geriatrics and Neurology.**
- **Physicians in these specialties would then be eligible to apply for loan forgiveness if they locate in underserved areas**

Status in Michigan

Counties without a **single** geriatrician or neurologist:

34

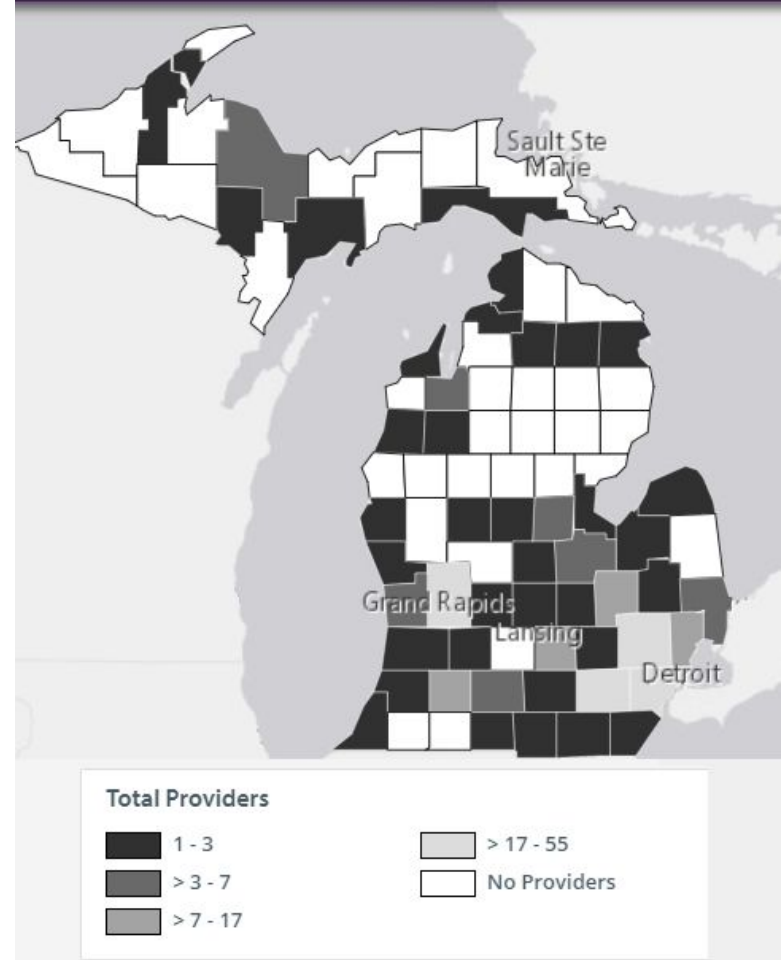
Counties with 3 or fewer total geriatricians and neurologists combined:

69

Counties with more than 17 providers:

4

Source: American Medical Association



Expanding Access

- **Geriatrics and Neurology are two of the key specialties in diagnosis and treatment of dementia.**
- **Lack of access results in delayed or denied care**
- **Underserved areas can be rural or urban**
- **This is an existing program and would require no additional funding to implement this change**

24/7 Helpline: 800.272.3900

helplinegmc@alz.org

alz.org/gmc

Melanie Baird

248.996.1051, mbaird@alz.org

Colin Ford

248.483.1369, cjford@alz.org

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Fast Facts about FTD



Frontotemporal degeneration (FTD) is the most common form of dementia for people under 60.

FTD represents a **group of brain disorders** caused by degeneration of the frontal and/or temporal lobes of the brain. It is also frequently referred to as frontotemporal dementia, frontotemporal lobar degeneration (FTLD), or Pick's disease.

Not All Dementia Is Alzheimer's

FTD differs from Alzheimer's in three important ways:

1. DIFFERENT SYMPTOMS

FTD brings a gradual, progressive decline in behavior, language or movement, with memory usually relatively preserved.

2. IT TYPICALLY STRIKES YOUNGER

Although age of onset has ranged from 21 to 80, the majority of FTD cases occur in the 45 to 64 age range. Therefore, FTD has a substantially greater impact on work, family, and the economic burden faced by families than Alzheimer's.

3. IT IS LESS COMMON AND STILL FAR LESS KNOWN

FTD's estimated U.S. prevalence is around 60,000 cases, and many in the medical community remain unfamiliar with it. FTD is frequently misdiagnosed as Alzheimer's, depression, Parkinson's disease, or a psychiatric condition. On average, it currently takes 3.6 years to get an accurate diagnosis.

Subtypes of FTD are identified clinically according to the symptoms that appear first and most prominently. Clinical diagnoses include behavioral variant FTD (bvFTD); primary progressive aphasia (PPA), which affects language; and disorders that primarily affect movement, progressive supranuclear palsy (PSP) and corticobasal degeneration (CBD). Researchers have also recognized an important connection between FTD and amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease).

FTD has a substantially greater impact on work, family, and the economic burden faced by families than Alzheimer's.

Fast Facts about FTD

Treatment, Management and What to Expect

Today, there is no cure for FTD, and unfortunately, no current treatments slow or stop the progression of the disease. However, a growing number of interventions can help manage FTD's symptoms and maximize quality of life.

The progression of symptoms—in behavior, language, and/or movement—varies by individual, but FTD brings an inevitable decline in functioning. The length of progression varies from 2 to over 20 years.

As the disease progresses, the person affected may experience increasing difficulty in planning or organizing activities, communicating with others, or relating to loved ones. These deficits cause significant impairment in social and/or occupational functioning and result in an increasing dependency on caregivers.

Over time, FTD predisposes an individual to physical complications such as pneumonia, infection, or injury from a fall. The most common cause of death is pneumonia. Average life expectancy is 7 to 13 years after the start of symptoms.

Also, it is important for care partners and families to identify a team of knowledgeable professionals who can help with coordinating care and with the legal, financial and emotional challenges brought on by this disease.

AFTD Is Here to Help

If you are affected by this disease, contact our HelpLine at **866.507.7222**, or by email at **info@theaftd.org**. Visit our website for more information, as well as ways to connect with support groups and other vital resources.



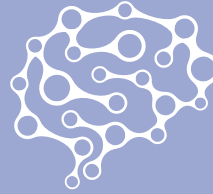
Dementia at Twice the Cost

What's the most common form
of dementia for people under 60?

It might surprise you to learn
that ***it isn't Alzheimer's...***

...it's
**frontotemporal
degeneration
(FTD).**

Most doctors aren't familiar with FTD. It is often misdiagnosed as depression or another mental illness. On average, it takes nearly four years to get an accurate diagnosis.

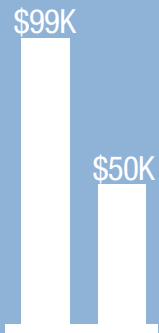


Instead of striking memory, FTD causes irreversible damage to the frontal and temporal lobes of the brain, bringing changes to personality, behavior and language.

FTD occurs far younger and can be far costlier. Most FTD diagnoses occur in someone's 40's and 50's, a span that includes the peak earning years.

**AFTD surveyed
674 FTD caregivers
in the United States.**

Our study showed that FTD is significantly more harmful to a family's finances than Alzheimer's, pulling both patients and their caregivers out of the workforce at the heights of their careers.



Twelve months before an FTD diagnosis, most families reported a household income in the \$75,000 – \$99,000 range. Twelve months after diagnosis, income fell as much as 50 percent.

Overall, families dealing with FTD face an economic burden of around
\$120,000
each year – roughly twice the economic burden of Alzheimer's.

37% of FTD caregivers said they stopped working post-diagnosis.



Two out of three FTD caregivers reported a notable decline in their own health, and more than half said that they had incurred increased personal health care costs.

Caregivers who can still work reported missing an average of 7 full days of work in the previous four weeks.



58% of respondents said that FTD caused their loved ones to make poor financial decisions.



**The Association for
Frontotemporal Degeneration**
FIND HELP • SHARE HOPE

Aging, Financial Exploitation and Financial Vulnerability

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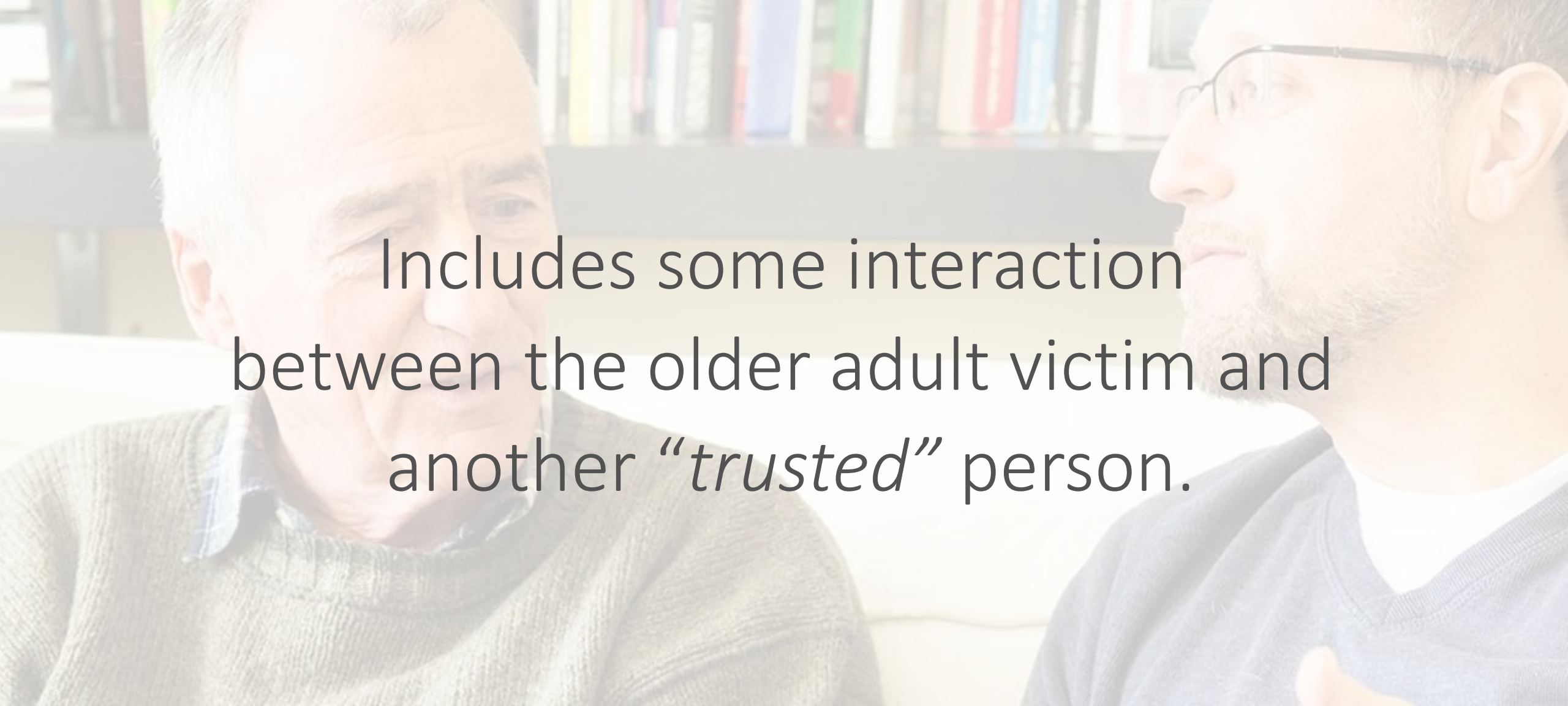


Institute of Gerontology

Defining Financial Exploitation

Misappropriation or misuse
of the funds of an older and/or
vulnerable adult

Includes fraud, family or friend exploitation,
exploitation by staff or professionals

A photograph of two men sitting and talking. The man on the left is older, with grey hair, wearing a green sweater over a blue collared shirt. The man on the right is younger, with a beard and glasses, wearing a grey sweater. They are in a room with a bookshelf in the background. The image is semi-transparent with text overlaid.

Includes some interaction
between the older adult victim and
another “*trusted*” person.

Financial Exploitation

Financial Exploitation: What Is It?

Six Domains*

*Conrad et al. (2010)

Theft & Scams

Has anyone misused your ATM or credit card?

Abuse of Trust

Has someone convinced you to turn the title of your home over to them?

Financial Entitlement

Has anyone felt entitled to use your money for themselves?

Coercion

Did anyone put pressure on you to get a reverse mortgage?

Signs of Possible Financial Exploitation

Has anyone been frequently asking you for money?

Money Management Difficulties

Consumer Finance Protection Bureau (CFPB) Suspicious Activity Reports (SARs) 2019

- Reports from Financial Institutions: Deposit Institutions (Banks, Credit Unions) and Money Services Businesses (e.g. Moneygram, Western Union)
- SAR reports quadrupled between 2013 (1300/month) and 2017 (5700/month)
- 2017 losses connected to SARs \$1.7 Billion in 2017
- 80% SARs loss to an older adult; Mean loss \$34,000; 7% \$100K+
- 69% 60yo+
- 56% 70yo+
- 33% 80yo+

Research Article

Context Matters: Financial, Psychological, and Relationship Insecurity Around Personal Finance Is Associated With Financial Exploitation

Peter A. Lichtenberg, PhD, ABPP,^{1,*} Rebecca Campbell, BA,² LaToya Hall, MSW,¹ and Evan Z. Gross, MA²

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Financial Vulnerability Survey

(refer to survey handout)

- Entirely self-report through interview or the older adult on their own
- 17 Items
- 3 Major Categories
 - 1) Financial strain, satisfaction and self-efficacy
 - 2) Psychological Vulnerability around finances
 - 3) Relationship strain and conflict around finances
- Each item is scored on a 0-2 scale

Financial Vulnerability Survey: Critical Items

- Q6: How often do you worry about financial decisions you've recently made?
- Q7: Have you noticed money taken from your bank account without your permission?
- Q10: How often do you wish you had someone to talk to about finances?
- Q11 and 13: How often do you feel anxious (or downhearted) about your financial decisions or situation?
- Q14: Are your memory, thinking or ability to reason with regard to finances worse than a year ago?
- Q15: Has a relationship with a family member or friend become strained due to finances as you have gotten older

Initial Study Sample Characteristics

Table 1. Sample Demographics and Neuropsychological Testing

	No financial exploitation (<i>n</i> = 164)	Financial exploitation (<i>n</i> = 78)	Overall sample (<i>n</i> = 242)	
Age				
Years <i>M</i> (<i>SD</i>)	71.5 (7.4)	70.0 (7.8)	71.1 (7.6)	$t(236) = 1.39, p = .167$
Education				
Years <i>M</i> (<i>SD</i>)	15.4 (2.6)	14.2 (2.3)	15.1 (2.6)	$t(235) = 3.35^{**}$
Gender				
Female <i>N</i> (%)	117 (71.3%)	59 (74.7%)	176 (72.4%)	$\chi^2(1) = 1.86, p = .172$
Race				
Black <i>N</i> (%)	81 (49.4%)	51 (64.6%)	132 (54.3%)	$\chi^2(1) = 7.87^*$
WRAT-Word Reading				
Raw score <i>M</i> (<i>SD</i>)	58.0 (7.5)	54.8 (10.6)	57.0 (8.7)	$t(240) = 2.67^*$
MMSE				
Raw score <i>M</i> (<i>SD</i>)	28.7 (1.9)	27.6 (2.6)	28.3 (2.2)	$t(240) = 3.44^{**}$
TMT-B				
Seconds <i>M</i> (<i>SD</i>)	100.0 (46.2)	153.9 (76.3)	117.4 (62.8)	$t(234) = -6.71^{**}$

Note: MMSE = Mini-Mental Status Exam; TMT-B = Trail-Making Test Part B.

* $p < .05$; ** $p < .001$.

Cross-validation Sample Characteristics

Measure	No Exploitation (n=81)	Exploitation (n=33)	Overall (n=114)	Statistical Test
Age	69.7 (5.8)	70.2 (7.4)	69.9 (6.3)	$t(112)=-0.37, p=0.71$
Gender (Female)	66 (81.5%)	28 (84.8%)	94 (82.5%)	$\chi^2(1)=0.18, p=0.67$
Race (Black)	67 (83.8%)	31 (93.9%)	98 (86.7%)	$\chi^2(1)=2.11, p=0.15$
Years of Education	14.8 (2.5)	14.0 (2.4)	14.6 (2.5)	$t(111)=1.52, p=0.13$
Medical Conditions	4.9 (2.8)	6.6 (3.7)	5.4 (3.1)	$t(112)=-2.65^{**}$ $d=-0.55$
IADL Total	37.0 (4.3)	35.0 (5.7)	36.4 (4.8)	$t(111)=2.12^{*}$ $d=0.44$

Measure	No Exploitation (n=81)	Exploitation (n=33)	Overall (n=114)	Statistical Test
WRAT WR	54.1 (8.2)	56.6 (8.9)	54.7 (8.4)	t(89)=1.15, p=0.25
MMSE	28.4 (1.8)	27.8 (1.9)	28.2 (1.8)	t(109)=1.30, p=0.20
RAVLT T1	5.3 (1.6)	4.2 (1.6)	5.0 (1.7)	t(111)=3.39** d=0.71
RAVLT Learning	43.7 (8.9)	37.8 (9.1)	42.0 (9.3)	t(111)=3.14** d=0.66
RAVLT Delay	7.8 (3.5)	6.6 (3.5)	7.5 (3.5)	t(110)=1.72, p=0.09
TMT-B	119.3 (65.6)	174.7 (95.4)	134.0 (78.2)	t(107)=-3.43** d=-0.74
Stroop C/W	28.8 (8.7)	25.9 (7.4)	28.1 (8.5)	t(106)=1.57, p=0.12

ROC Curve – Initial Study

- AUC = 0.83
- Cron Alpha = 0.82

Table 5. FEVS Sensitivity, Specificity, and Negative and Positive Predictive Power for Each Cutoff Score

Cutoff	Sensitivity	Specificity	PPP	NPP
1 or greater	0.987	0.177	0.361	0.967
2 or greater	0.974	0.329	0.406	0.964
3 or greater	0.908	0.445	0.435	0.911
4 or greater	0.868	0.518	0.459	0.893
5 or greater	0.842	0.616	0.508	0.892
6 or greater	0.803	0.683	0.544	0.880
7 or greater	0.737	0.756	0.587	0.859
8 or greater	0.658	0.823	0.636	0.836
9 or greater	0.553	0.866	0.660	0.805
10 or greater	0.500	0.896	0.693	0.792
11 or greater	0.395	0.927	0.718	0.765

Note: NPP = negative predictive power; PPP = positive predictive power.

Cut Score	Sensitivity	Specificity	PPP	NPP
1 or Greater	0.97	0.15	0.32	0.92
2 or Greater	0.88	0.29	0.34	0.85
3 or Greater	0.78	0.40	0.35	0.82
4 or Greater	0.75	0.51	0.38	0.83
5 or Greater	0.63	0.65	0.42	0.81
6 or Greater	0.56	0.73	0.46	0.80
7 or Greater	0.44	0.76	0.42	0.77
8 or Greater	0.41	0.81	0.46	0.77
9 or Greater	0.41	0.85	0.52	0.78
10 or Greater	0.34	0.88	0.55	0.77
11 or Greater	0.25	0.91	0.53	0.75
12 or Greater	0.19	0.95	0.60	0.74
Area Under the Curve = 0.68; CI 95%: 0.57 - 0.79				
Cronbach's Alpha = 0.80				

ROC
Curve –
Cross-
Validation

Initial Study Logistic Regression

Concordance
Rate: 80.6%

Table 4. Logistic Regression of Demographics, Neuropsychological Testing, and FEVS Scores Predicting Financial Exploitation

	B	SE	Wald	df	Sig.	Exp(B)
Age	−0.057	0.028	3.998	1	0.046*	0.945
Gender	0.610	0.441	1.910	1	0.167	1.840
Race	0.057	0.418	0.018	1	0.892	1.058
Education	−0.035	0.085	0.170	1	0.680	0.966
WRAT	0.052	0.030	2.996	1	0.083	1.053
MMSE	−0.114	0.109	1.100	1	0.294	0.892
TMT-B	0.014	0.004	11.835	1	0.001**	1.014
FEVS	0.209	0.042	25.070	1	0.000**	1.232
Constant	0.376	3.897	0.009	1	0.923	1.457

Note: FEVS = Financial Exploitation Vulnerability Scale; MMSE = Mini-Mental Status Exam; TMT-B = Trail-Making Test Part B.

* $<.05$; ** $<.01$.

Cross Validation Logistic Regression

Concordance
Rate: 81.0%

	B	S.E.	Wald	df	Sig.	Exp(B)
Age	-0.034	0.051	0.445	1	0.505	0.967
Gender	-0.084	0.714	0.014	1	0.906	0.919
Race	-1.277	1.124	1.291	1	0.256	0.279
Education	-0.150	0.122	1.529	1	0.216	0.860
WRAT WR	0.120	0.042	8.219	1	0.004**	1.127
MMSE	-0.156	0.176	0.781	1	0.377	0.856
TMT-B	0.007	0.004	3.089	1	0.079	1.007
FEVS	0.145	0.060	5.776	1	0.016*	1.156
Constant	-0.519	6.287	0.007	1	0.934	0.595

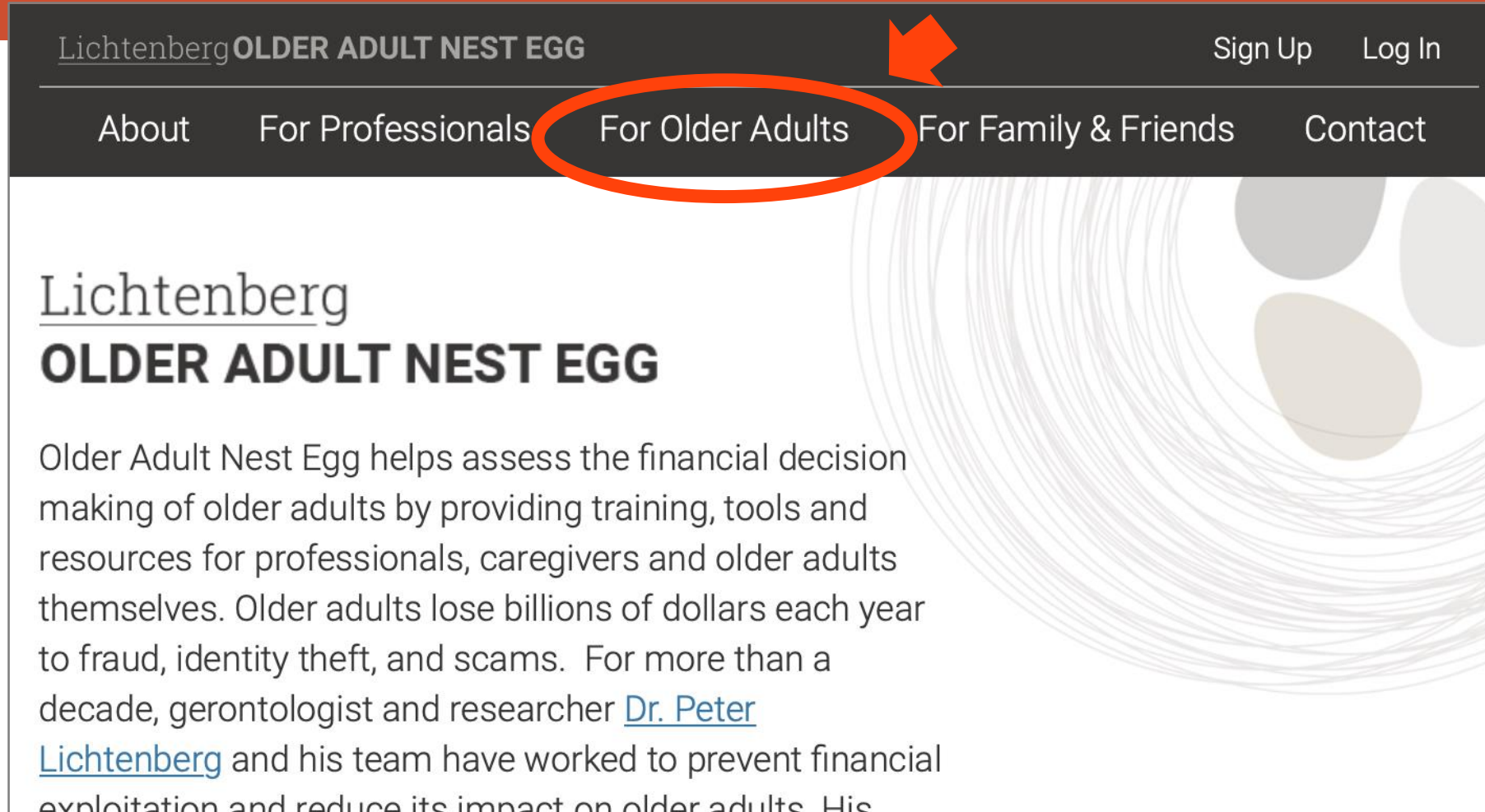
Summary

- FEVS is related to FE experience
- Demonstrated good psychometric properties
- Comparable to initial validation study
- Clinically useful scale



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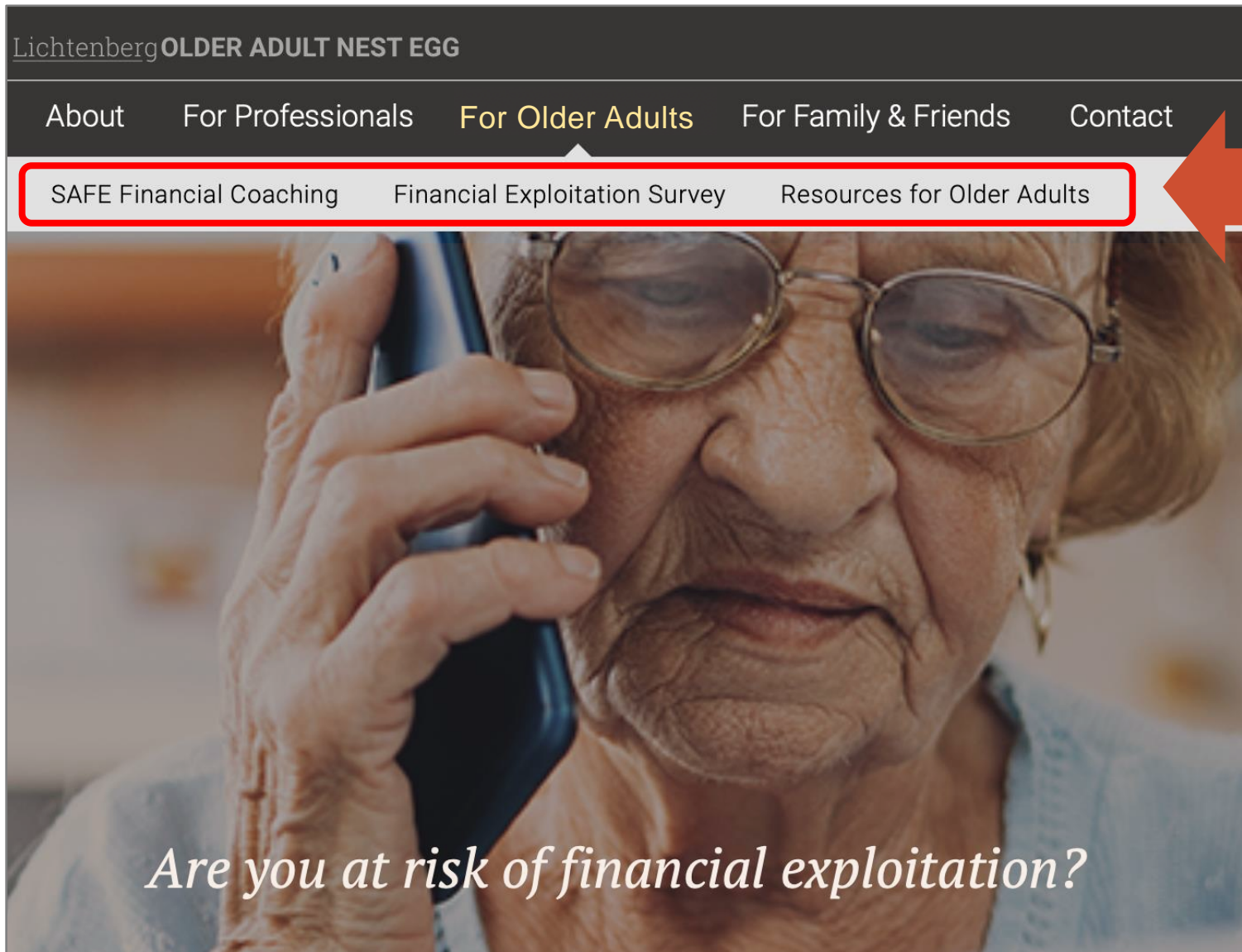
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Lichtenberg
OLDER ADULT NEST EGG

Older Adult Nest Egg helps assess the financial decision making of older adults by providing training, tools and resources for professionals, caregivers and older adults themselves. Older adults lose billions of dollars each year to fraud, identity theft, and scams. For more than a decade, gerontologist and researcher [Dr. Peter Lichtenberg](#) and his team have worked to prevent financial exploitation and reduce its impact on older adults. His

Learn, Act & Engage

<https://www.olderadultnestegg.com>



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